## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

V187132B

| CLAIMS AS FILED - PART I<br>(Column 1)                   |                                          |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | (Column 2)                   |                  |     | SMALL ENTITY TYPE   |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
|----------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------|------------------|-----|---------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS                                             |                                          |                                                                                                                                                                                                                          | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                              |                  | ſ   | RATE                | FEE                    | 1  | RATE                       | FEE                    |
| FOR                                                      |                                          |                                                                                                                                                                                                                          | NUMBER FILED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | NUMB                         | ER EXTRA         |     | BASIC FEE           | 370.00                 | OR | BASIC FEE                  | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                  |                                          |                                                                                                                                                                                                                          | ⅓ minus 20=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | * 0                          |                  |     | X\$ 9=              |                        | OR | X\$18=                     | <u></u>                |
| INDEPENDENT CLAIMS                                       |                                          |                                                                                                                                                                                                                          | / minus 3 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | * 6                          |                  | į   | X42=                |                        | OR | X84=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                         |                                          |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                              |                  |     | +140=               |                        | OR | +280=                      | _                      |
| * If the difference in column 1 is less than zero, enter |                                          |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | r "0" in c                   | olumn 2          | L   | TOTAL               |                        | OR | TOTAL                      | 740                    |
| CLAIMS AS AMENDED - PART II                              |                                          |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                              |                  |     |                     | <u></u>                |    | OTHER                      |                        |
|                                                          |                                          | (Column 1)                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Colu       | mn 2)                        | (Column 3)       | _   | SMALL               | ENTITY                 | OR | SMALL                      | ENTITY                 |
| AMENDMENT A                                              |                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PREVI       | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                          | Total                                    | *                                                                                                                                                                                                                        | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | **          |                              | =                |     | X\$ 9=              |                        | OR | X\$18=                     |                        |
|                                                          | Independent                              | *                                                                                                                                                                                                                        | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ***         |                              | =                |     | X42=                |                        | OR | X84=                       |                        |
| Ľ                                                        | FIRST PRESE                              | NTATION OF M                                                                                                                                                                                                             | ULTIPLE DEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PENDEN      | T CLAIM                      |                  |     | +140=               |                        | OR | +280=                      |                        |
|                                                          |                                          |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                              |                  |     | TOTAL               |                        | ΩB | TOTAL                      |                        |
|                                                          |                                          | (Oak.mm 4)                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Colu       | mn 0\                        | (Column 3)       |     | ADDIT. FEE          | _                      | On | ADDIT. FEE                 |                        |
|                                                          |                                          | (Column 1)<br>CLAIMS                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HIG         | mn 2)<br>HEST                |                  | 1 [ |                     | ADDI-                  | l  |                            | ADDI-                  |
| AMENDMENT B                                              |                                          | REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                          | and the second s | PREV        | MBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA |     | RATE                | TIONAL<br>FEE          |    | RATE                       | TIONAL<br>FEE          |
|                                                          | Total                                    | *                                                                                                                                                                                                                        | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | **          |                              | =                |     | X\$ 9=              |                        | OR | X\$18=                     |                        |
|                                                          | Independent                              | *                                                                                                                                                                                                                        | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ***         |                              | =                |     | X42=                |                        | OR | X84=                       |                        |
| L                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | T CLAIM                      |                  | ╛╽  | . 1 40-             |                        |    | +280=                      |                        |
|                                                          |                                          |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                              |                  |     | +140=<br>TOTAL      |                        | OR | TOTAL                      |                        |
|                                                          |                                          |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                              |                  | 4   | ADDIT. FEE          |                        | OR | ADDIT. FEE                 |                        |
| _                                                        |                                          | (Column 1)                                                                                                                                                                                                               | <b>-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | ımn 2)<br>HEST               | (Column 3)       | 4.  |                     |                        |    |                            |                        |
| AMENDMENT C                                              |                                          | REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUI<br>PREV | MBER<br>HOUSLY<br>D FOR      | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                          | Total                                    | *                                                                                                                                                                                                                        | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | **          |                              | =                |     | X\$ 9=              |                        | OR | X\$18=                     |                        |
|                                                          | Independent                              | *                                                                                                                                                                                                                        | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ***         |                              | =                |     | X42=                |                        |    | X84=                       | 1                      |
|                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDEN  |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | NT CLAIM                     | 1 🔲              | ]   |                     |                        | OR |                            | <del> </del>           |
|                                                          | If the entry in colu                     | imp 1 is loss than                                                                                                                                                                                                       | the entry in col                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | umn 2 wr    | ite "O" in c                 | olumo 3          |     | +140=               |                        | OR | +280=                      |                        |
| **                                                       | If the "Highest Nu                       | mber Previously F                                                                                                                                                                                                        | Paid For" IN TH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IS SPACE    | is less th                   | an 20, enter "20 | 0." | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
| "                                                        | The "Highest Nur                         | ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                              |                  |     |                     |                        |    |                            |                        |